

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	10/1	10311	9/16
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	10/1	67361	10/15
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	3/6/10
2	1/22/10
3	2/20/10
4	2/20/10
5	2/20/10
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50	2/20/10

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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